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| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. +/2013)                                   |                     |                    |  | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |   |                    |                      |                     |  |        | COURT USE ONLY <b>DUE DATE:</b>                                       |                     |                   |          |  |
|---|---------------------|--------------------|--|--|---|--------------------|----------------------|---------------------|--|--------|---|---------------------|-------------------|----------|--|
| 1a. CONTACT PERSON FOR THIS ORDER 2a. C   |                     |                    |  | CONTACT PHONE NUMBER   |   |                    |                      |                     | 3a. CONTACT EMAIL ADDRESS              |        |   |                     |                   |          |  |
| 1b. ATTORNEY NAME (if different) 2b. A  |                     |                    |  | ATTORNEY PHONE NUMBER  |   |                    |                      |                     | 3b. ATTORNEY EMAIL ADDRESS             |        |   |                     |                   |          |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)   |                     |                    |  |  | 5. CASE NAME  |                    |                      |                     |  |        | 6. CASE NUMBER  |                     |                   |          |  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR   |                     |                    |  |  | 8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CRIMINAL In forma pauperis (NOTION) NON-APPEAL CIVIL CJA: Do not use this form |                    |                      |                     |  |        | E: Court order for transcripts must be attached)<br>m; use Form CJA24 |                     |                   |          |  |
| 9. TRANSCRIP  | T(S) REQUESTED (S   | Specify portion    | on(s) and date(s) of proceed   | ling(s) for which  | transcript is ı   | requested), fo     | ormat(s) & qua       | antity and de       | elivery type:                          |        |   |                     |                   |          |  |
| ,   |                     |                    |  |  | LECT FORMAT(S) (NOTE: ECF access is included th purchase of PDF, text, paper or condensed.)                             |                    |                      |                     | c. DELIVERY TYPE (Choose one per line) |        |   |                     |                   |          |  |
| DATE  | JUDGE<br>(initials) | TYPE<br>(e.g. CMC) | PORTION If requesting less than full hearing specify portion (e.g. witness or time | PDF<br>(email)   | TEXT/ASCII<br>(email)   | PAPER              | CONDENSED<br>(email) | ECF ACCESS<br>(web) | ORDINARY<br>(30-day)                   | 14-Day | EXPEDITED<br>(7-day)  | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |
|   |                     |                    |  | 0  | 0   | 0                  | 0                    | 0                   |  |        |   |                     |                   |          |  |
|   |                     |                    |  | 0  | 0   | 0                  | 0                    | 0                   |  |        |   |                     |                   |          |  |
|   |                     |                    |  | 0  | 0   | 0                  | 0                    | 0                   |  |        |   |                     |                   |          |  |
|   |                     |                    |  | 0  | 0   | 0                  | 0                    | 0                   |  |        |   |                     |                   |          |  |
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|   |                     |                    |  | 0  | 0   | 0                  | 0                    | 0                   |  |        |   |                     |                   |          |  |
| 10. ADDITIONA   | AL COMMENTS, INS    | STRUCTIONS         | QUESTIONS, ETC:  |  |   |                    |                      |                     |  |        |   |                     |                   |          |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE |                     |                    |  |  |   |                    |                      |                     | 12.                                    | DATE   |   |                     |                   |          |  |
| DISTRIBUTION:   |                     |                    | COURT COPY   | ٥  | TRANSCRIP   | FRANSCRIPTION COPY |                      |                     |  | CEIPT  | □ ORDER COPY  |                     |                   |          |  |